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CONFIRMATION NO. 1387

|   |   |                           |   |                                     |                            |
|---|---|---------------------------|---|-------------------------------------|----------------------------|
| SERIAL NUMBER<br>10/707,388   | FILING DATE<br>12/10/2003<br><br>RULE   | CLASS<br>438              | GROUP ART UNIT<br>2891  | ATTORNEY DOCKET NO.<br>FIS920030274 |                            |
| APPLICANTS<br><br>Ramachandra Divakaruni, Ossining, NY;<br><br>Jay W. Strane, Chester, NY;<br><br>** CONTINUING DATA *****<br>None. SJF<br><br>** FOREIGN APPLICATIONS *****<br>None. SJF<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 06/04/2004   |   |                           |   |                                     |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <u>SJF</u><br>Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>3  | TOTAL<br>CLAIMS<br>20               | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>23550<br>HOFFMAN WARNICK & D'ALESSANDRO, LLC<br>75 STATE STREET<br>14TH FL<br>ALBANY, NY<br>12207  |   |                           |   |                                     |                            |
| TITLE<br>SILICIDE RESISTOR IN BEOL LAYER OF SEMICONDUCTOR DEVICE AND METHOD   |   |                           |   |                                     |                            |
| FILING FEE<br><br>RECEIVED<br>770   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                            |